DETACH LOWER HALF, RETURN BY MAIL WITHIN 5 DAYS						* IF YOU HAVE NO HOME PHONE GIVE PHONE NO. OF SOMEONE WHO CAN REACH YOU.	
1. LAST NAME $01-0$			01-03	FIRST		MIDDLE INITIAL	2. P HOME (OR OTHER*)
	A D D	STREET		1		P.O. BOX	N WORK (Include EXTENSION)
Ĺ	R E S S	CITY			ST	ATE ZIP	3. HOW LONG HAVE YOU LIVED IN THIS STATE YRS. MOS. YRS. MOS. THIS STATE
			5. PLACE C	OF BIRTH		SINGLE MARRIED WIDOWED 7. NO. OF CHILDREN	8. SOCIAL SECURITY NUMBER**
9. AGE				10. ARE YOU EMPLOYED? ☐ YES ☐ NO		11. YOUR OCCUPATION OR BUSINESS	
12. YOUR FIRM OR EMPLOYER'S NAME						13. BUSINESS ADDRESS OR EMPLOYER'S ADDRESSTREET	S CITY STATE
14. IF RETIRED, YOUR OCCUPATION BEFORE RETIREMENT 15. SPOUSE'S OCCUPATION (IF SPOUSE RETIRED, OCCUPATION BEFORE RETIREMENT)							
PUNISHABLE BY IMPRISONMENT FOR MORE THAN ONE YEAR? TYPES TO NO OR FEDERAL CR						HAVE YOU BEEN CONVICTED OF A STATE OR FEDERAL CRIME PUNISHABLE BY IMPRISON- MENT FOR MORE THAN ONE YEAR?	18. IF "YES" WERE YOUR CIVIL RIGHTS ES NO RESTORED?
19. DO YOU HAVE ANY PHYSICAL OR MENTAL INFIRMITY WHICH WOULD IMPAIR YOUR CAPACITY TO SERVE AS A JUROR? YES NO IF ANSWER IS "YES" AND YOU SEEK AN INFIRMITY EXCUSE PLEASE INSERT A LETTER OR A DOCTOR'S STATEMENT						20. ARE YOU A SALARIED EMPLOYEE OF U.S. GOVERNMENT? YES NO IF "YES", INSER"	→ YES NO I PROOF THAT YOUR CIVIL RIGHTS WERE RESTORED.
- TOTAL ON A DOCTOR O STATEMENT						21. ESTIMATED NO. OF MILES ONE WAY FROM YOU ARE SUMMONED.	
				SK	GN RE	I declare under penalty of perjury that all answers	are true to the best of my knowledge and belief.

SAMPLE